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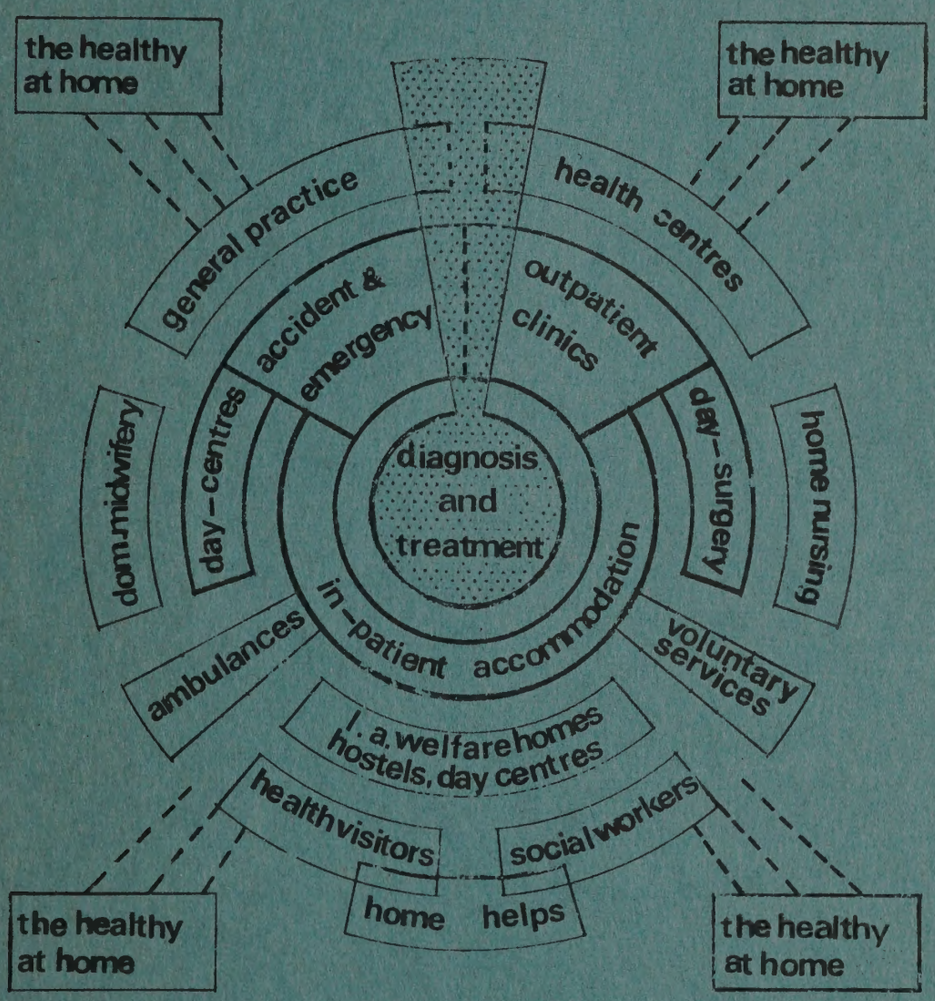
THE INTER-RELATIONSHIP OF HOSPITAL AND COMMUNITY SERVICES IN "BEST BUY" PLANNING



DEPARTMENT OF HEALTH & SOCIAL SECURITY

REPORT BB.6 MAY.1971

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

New District General Hospitals,
Bury St Edmunds and Frimley

THE INTER-RELATIONSHIP OF HOSPITAL AND COMMUNITY SERVICES IN "BEST BUY" PLANNING

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References:

Cmnd. 1604: A Hospital Plan for England and Wales, 1962
" 3000: The Hospital Building Programme , 1966
" 3022: Health and Welfare Authorities' 10-Year Plans , 1966
"Rationalisation of Planning and Design" (M/H booklet, 1968)
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HM(65)35, HM(65)77 and LA Circular 18/65
HM(65)104 and LA Circular 24/65

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Introduction

1. The booklet "Rationalisation of Planning and Design" which was published in March 1968 gave a general indication of the design features of the twin district general hospitals at Bury St Edmunds and Frimley, and the policies on which those design features were based. Building work started on both sites towards the end of 1969 and it is expected that the hospitals will be completed by the Autumn of 1972.

2. This paper summarises what was said in the earlier document about the planning of the hospitals, explains certain features of their functional content, and discusses in more detail the relationship between the hospital and community services. It points the need for continuous joint planning to achieve a satisfactory integration.

The Hospital Facilities

3. The functional content of the hospitals was valid at the time they were being planned, nearly four years ago. However, it must be emphasised that certain aspects - notably the provision made for elderly, mentally ill and handicapped patients - have been outdated by subsequent changes of policy. Proper guidance on these aspects is in course of preparation elsewhere.

4. Each of the two "Best Buy" hospitals will have 541 in-patient beds, plus 20 day and emergency beds and 20 cots in the special care baby unit. There will be a full range of diagnostic treatment and out-patient services (including antenatal, orthopaedic/fracture, eye and dental clinics) and a comprehensive accident and emergency centre. The bed complement is shown in Appendix I and is supplemented by the following provision for day patients:-

Geriatric	30 places	(including day-time provision for
Psychiatric	75 places	(some of the in-patients)

5. For the estimated population of about 170,000 in each area there will be a usual number of maternity, isolation and geriatric beds, together with a mental illness unit. But in assessing the need for acute beds (defined as in the footnote to Page 3 of Cmnd. 1604) the ratio adopted of 2 per 1000 population was significantly lower than the one commonly used for planning purposes in 1967 when the project team started its work. At the time a ratio of about 3 beds per 1000 (excluding beds for regional specialties) was being used, but studies at Norwich, Northampton and Reading had suggested that 2 beds per 1000 might be sufficient. The project team therefore concluded that with better management of beds, with co-ordination of domiciliary services*, and with closer examination of the place of the hospital in the community and of the relations between it and the other health and welfare services, the generally accepted acute bed norm could be reduced. This example is already influencing the planning approach in other hospital regions.

6. Even with the reduced bed norm there will be more acute beds in the Bury and Frimley areas after the new hospitals come into use, as is shown by the comparisons in Appendix I. That appendix also shows the assumptions on which the project team was working in regard to certain of the other hospitals which, as a result of the new provision, might be closed or used for some other purpose in the hospital or health and welfare services. In due course the future of these hospitals will be a matter for decision by the Secretary of State.

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*Para 9 of Cmnd. 3022 described the first aim of the local services as "to maintain health and welfare in the home, and to provide those supporting services outside the home which contribute to avoiding or postponing the need for residential care or which will guard against further breakdown after treatment and discharge from hospital care".

Liaison and Communication

7. From the start of planning, particular attention has been paid to the way the hospitals would be run and their place in the community. This has meant frequent meetings and discussions between project team members and officers of the Regional Hospital Boards, Hospital Management Committees and County Councils concerned, together with representatives of the general practitioners in each area. The team was able to foresee a management system for the hospitals which incorporated the general advice being given by the Department, with flexibility in use of beds, expansion of day surgery, and well-organised procedures for admission and discharge. The discussions also showed that by 1972 the hospitals could count upon a good standard of community services and sound support by these services in domiciliary care and after-care.

8. The pattern of co-operative working clearly needed to be established before the hospitals came into use, and several measures have been taken. Senior staff have obtained places on management courses, information services are being improved and a number of pilot schemes are well under way. At Bury St Edmunds, arrangements for planned early discharge of suitable patients have been initiated by surgeons dealing with simple cases of hernia, varicose veins, etc and developed in conjunction with the general practitioners, "attached" nurses and ambulance services. The good results already justify proposals for extension to other categories. A successful start has been made with similar arrangements at two hospitals in the Frimley area.

9. It soon became clear that the supply of basic information for management purposes was deficient. Waiting lists needed constant reviewing and up-dating. Out-patient services were examined. Hospital Activity Analysis was introduced at West Suffolk Hospital (the first scheme in East Anglia). In the Frimley area HAA was extended from the larger to the smaller hospitals so that for the first time a proper measure of their work was available. Each consultant started receiving information about his own patients' average length of stay and could readily identify individuals or groups with similar diagnosis or basic treatment.

10. With better information services the early use of a "Communications Centre" is being studied in each area. Here ambulance officers and local authority nursing staff, among others, can make a useful contribution. The "Cogwheel" form of medical divisional system is also being examined as a means of promoting greater efficiency. It is hoped that general practitioners and Medical Officers of Health will play an active part in any such divisions. Developments leading to better co-ordination of medical records can be expected in due course.

11. The design of the new buildings includes a proper communications centre, also various other means of encouraging closer working relationships. The organisation of the maternity department will permit general practitioners and domiciliary midwives to come with their patients and remain in attendance throughout the confinement if they so wish. Rooms suitable for use by district nurses, health visitors, social workers and similar staff will be found not only throughout the ward areas but also in the ante-natal clinic, psychiatric unit and other departments. Accommodation at the main entrance for joint use by the staff concerned will facilitate liaison in such matters as the transport of patients. (See also para 23).

12. The work of the Local Authority nursing, health visiting and midwifery staff will be helped by these arrangements. In addition they will be able to take part in study days at the hospital. At the same time the hospital staff will benefit from exchange of information and experience with those nursing in the community. It is expected that there will be continuing joint discussion of situations arising in regard to earlier discharge and other aspects of domiciliary care. The work of the local authority nursing teams will be further assisted by using certain of the supporting services and sources of expert advice which are available within the hospital. All these various forms of liaison will contribute also to the training of student nurses by ensuring that they are aware of the total needs of the patient, in the community as well as in hospital, in accordance with the 1969 syllabus of the General Nursing Council.

13. It is likely that the staff of the new hospitals will include Voluntary Help Organisers who will be able to see that the existing links with the voluntary organisations are transferred and strengthened, and that the efforts of voluntary helpers continue to be used to best advantage.

14. In the Frimley area there is a health centre at Farnham and others are being planned for Aldershot and Yateley. In the Bury area there are no health centres at present, but it may be worth considering whether they should be established in peripheral towns. In both areas there would be no great difficulty about including a health centre building in the layout of the new hospital site if it were convenient for patients. This possibility has already been explored by the project team in conjunction with each local health authority, but it remains in abeyance until there is a sufficient response from the general practitioners.

General Practitioners

15. In both areas general practitioners have open access to the facilities of the X-ray and pathology departments. This arrangement will continue in the new hospitals and may be extended to other diagnostic services, eg electro-cardiography. Active postgraduate medical centres are already being developed. The new hospitals will have excellent facilities for postgraduate education, including library, lecture theatre, lounges and seminar rooms; these are in the combined education centres, which also comprise the nurse training schools as the Royal Commission recommended.

16. It will be for the Regional Hospital Boards to decide in what way beds might be allocated to general practitioners for the continued care of their patients when they are in hospital. The assumption in planning has been that there should be flexibility in the use of all types of bed, and that the reservation of beds for particular specialities (including general practice) or particular consultants should be avoided. There should be scope for offering to those general practitioners who so wish the opportunity to work in the new hospital on a sessional basis. Nevertheless some beds are likely to be available in the maternity wards, and possibly also in the general wards, for patients of general practitioners. If such general beds have to be allocated to elderly patients the post-discharge services for them will need to be properly co-ordinated, eg in arranging for domiciliary visits or day hospital attendance where appropriate.

The Care of the Elderly

17. In West Suffolk there is already a co-operative approach in the care of the elderly and a good level of provision in welfare homes and special housing (warden flats), related to an active geriatric service which includes both day hospital and day centre provision. The service has been strengthened by the closure of unsuitable beds at Thetford and their replacement by a day hospital associated with the out-patient clinics. In the Frimley area an active geriatric service is being developed, following the appointment of a consultant geriatrician. This is expected to have a significant effect not just on the care of the elderly but also on the optimum use of general acute beds.

18. The lower acute bed ratio adopted for the Best Buy hospitals depends on optimum use of these beds. But for geriatric beds the total complement in each area after 1972 is intended to accord with the current norm and this will be achieved by an economical rationalisation. The short-stay facilities in the new hospitals will be supplemented by longer-stay accommodation in some existing hospitals, after any necessary upgrading. The new hospitals will provide 50-bed assessment and rehabilitation units, associated with limited day-attendance facilities and the department of physical medicine, so that patients can receive whatever form of active treatment and social care is best suited to their needs. The project team envisaged that 200 longer-stay beds elsewhere in the Frimley area, and 180 in the Bury area, should adequately complement the services provided by the local authorities and voluntary organisations. But policies are changing and the whole area need for geriatric and welfare services will be kept under review, particularly in the case of Bury where the proposed total of hospital beds is lower than that available at present.

Services for the Mentally Ill

19. In West Suffolk the foundations of a co-ordinated service are being laid; the local authority has made a 15-bed unit available which the Regional Hospital Board has upgraded and in which the resident consultant psychiatrist can work with his colleagues (including general practitioner clinical assistants) with the support of the local branch of the NAMH. Developments expected in the Frimley area will involve liaison with Brookwood Hospital, although - as mentioned in para 3 - the policy regarding such matters as admission to existing psychiatric hospitals has come under review since the time when the new district hospitals were being planned.

20. Later designs for district general hospitals will therefore need larger psychiatric units than those at Bury and Frimley, which comprise 53 beds with day-hospital and full supporting facilities. The units will enable both in-patients and day-patients to engage in occupational and group therapy and social activities. Liaison with the geriatric and paediatric units should lead in due course to the development of assessment centres for psycho-geriatric and handicapped patients.

21. The present designs include no specific provision for the mentally handicapped because the project team was led to believe that patients would continue to be cared for in specialist hospitals, but here again policy is changing.

Maternity Services

22. The scale of provision for maternity patients is based upon the assumptions that (a) in the catchment area of each hospital there will be approximately 3,000 confinements per year, and (b) of the 3,000 potential patients about 25% will be discharged within 48 hours after delivery, another 25% within 6 days, and another 25% within 10 days. The remaining 25% would be those mothers whose delivery takes place at home or who are admitted to hospital for delivery only and should not need lying-in accommodation. The size of the labour suite has been determined by the trend towards 100% hospital confinement and earlier discharge. The effect on the domiciliary services (see also para 12) can be judged from these calculations, which correspond to those used in planning elsewhere. The hospital will contain 86 maternity beds, but the number can be adjusted from time to time by co-ordination with the adjoining female surgical unit. The improvement which this centralisation of the area maternity services will lead to is apparent from the comparisons in Appendix I.

Ambulance Services

23. The future organisation of the ambulance services in each area will be particularly affected by the establishment of the accident and emergency centres, by any closure or change of use of peripheral hospitals, and by the extent of early discharge, short-stay surgery and day attendance for treatment purposes. Estimates of in-patient turnover and out-patient attendances have been given to the ambulance authorities, and in the planning of the hospitals account was taken of their needs. Entrances have been designed for most convenient use by stretcher and wheelchair patients with their escorts: facilities for ambulance control are being provided: and it is intended that procedures for appointments, admissions and discharges shall be so determined as to assist the deployment of ambulances. In all these arrangements the continued support of the voluntary car services will be essential.

Overall Community Care

24. The hospitals have been planned on the assumption, based on discussions with the officers concerned, that the main complementary services to be provided by the local authorities would by 1972 be of a standard appropriate to the needs of the two areas. The pattern of those services is changing, but Appendix II illustrates certain features for each area. The local authorities and the general practitioners will both have their parts to play in the development of those services already described for which the hospital beds have been planned on normal standards. As regards acute beds, even with the reduced planning norm there will be more than at present. But the relationship between this acute bed provision and the services for home care and after-care will require close examination.

25. The project team took the view that if district general hospitals are planned to provide only 2 acute beds per 1000 population, but still to give an efficient and comprehensive service, no sudden or excessive burden should be imposed on domiciliary services which are well organised - with for example community care teams - and are moreover being steadily developed by joint planning. Some patients who might formerly have been admitted to hospital may in future be treated by their general practitioners with the support of the co-ordinated services becoming available, or they may be treated as hospital out-patients with or without surgery. Those who are admitted as in-patients may be discharged more quickly.

26. Changes of this nature are taking place all over the country; early discharge schemes in particular (including those in the Bury and Frimley areas) have not shown a substantial extra load on the domiciliary and general practitioner services. Much of the early discharge is being effected simply by improved management and speedier rehabilitation. Day or early discharge surgery would often be inappropriate anyway for the elderly or physically infirm, or those with unsuitable home conditions. Nevertheless there will remain some proportion of post-operative patients who after returning home are likely to need a period of continued medical and nursing care, given jointly by the hospital, local authority and general practitioner services.

27. The project team found it hard to define and quantify this extra load and, while it must continue to be the subject of discussion with those concerned, only experience of running the new hospitals will show whether the team were correct in their assumptions. If the hospitals are to be used as efficiently as the team have planned there will necessarily be some effect on the other services. The local authorities realise that they will have to review not only their ambulance arrangements but also the numbers and distribution of their district nurses, health visitors and home helps. By the time the hospitals are opened it will be necessary to have secured good intercommunication, co-operative planning of schemes for early discharge, and the proper understanding of objectives by all concerned which stems from continuous joint planning.

28. Those who need hospital treatment will not be denied it; in fact the improved facilities should mean that they can expect to secure earlier admission than is possible at present. Moreover, those who work in the community services should be able to see that they have an effective contribution to make towards reduction of waiting lists by quicker turnover of hospital patients.

29. As mentioned in para 7, consultation between all the officers concerned was a basic feature of the initial planning, so that its results were able to influence the design of the hospitals and the nature of the service to be provided. The local authorities were able to start examining the implications for their own services. After design, discussions have continued on the more detailed aspects of co-ordination between medical and nursing planners and those who are involved locally - hospital doctors, nurses and administrators; general practitioners; medical officers of health, chief nursing officers responsible for district nursing and health visiting services, and directors of social services.

30. On all sides there has been goodwill and identity of purpose. Whereas those concerned with providing services at the local level are familiar with their own problems and special circumstances they may not know about alternative patterns of care; the Department's officers have been able to suggest such alternatives and encourage the early examination of their suitability for the two areas. Among other things, "Best Buy" is proving to be an exercise in fruitful co-operation.

SELECTIVE COMPARISON OF PRESENT AND PROPOSED HOSPITAL FACILITIES IN THE BURY ST EDMUNDS AREA

1. In-Patient Beds

a. Present (31.12.69)	Gen. Acute	Matern -ity	Child -ren	Chronic/ Geri -atric	Psych.	Iso -lation	Total
West Suffolk General Bury St Edmunds	181	74	20	-	-	-	275
St Mary's Bury St Edmunds	-	-	-	142	-	-	142
Walnuttree, Sudbury	-	-	-	138	-	-	138
St Leonard's Sudbury	23	19	-	-	-	-	42
St Barnabas Thetford	-	-	-	62	-	-	62
Totals	204	93	20	342	-	-	659
b. Proposed							
New DGH	308	86≠	24	50	53	20	541*
St Mary's	-	-	-	100	-	-	100
Walnuttree	-	-	-	80	-	-	80
Totals	308	86≠	24	230	53	20	721*

≠ Plus 20 cots in Special Care Baby Unit.

* In addition there will be 20 beds in the Day and Emergency Unit, and 4 day-beds in the Children's Unit.

2. Out-Patient Clinics

a. No. of Clinic Sessions held during 1969

West Suffolk Hospital	2,626	
St Mary's	-	
Walnuttree	150	
St Leonard's	509	
St Barnabas'	-	
Thetford Clinic	189	3, 474

b. Notional No. of Clinic Sessions for new DGH

Walnuttree	(say) 500 after upgrading
Thetford Clinic	" 200
New DGH	4,950
	5,650

3. X-Ray Department

a. Present

	Rooms	
West Suffolk	3	(+ 1 in A/E)
St Mary's	-	
Walnuttree	-	
St Leonard's	1	(small)
St Barnabas	-	
Thetford Clinic	1	(small: modern equipment)
	5	

b. Proposed

New DGH	6*
Thetford Clinic	1
	7

(* With modern equipment and facilities, and a 24hr service for accidents and emergencies)

4. Operating Theatres

a. Present

West Suffolk	3 (Incl. 1 ophthalmic) not en suite
St Mary's	-
Walnuttree	-
St Leonard's	1 very small
St Barnabas'	-
	4

b. Proposed

New DGH	6 Modern, well equipped theatres

5. Maternity - Delivery Rooms

a.	Present	West Suffolk	5 rooms
		St Leonard's	1 room
b.	Proposed	New DGH	12 rooms

SELECTIVE COMPARISON OF PRESENT AND PROPOSED HOSPITAL FACILITIES IN FRIMLEY/ FARNHAM AREA

1. In-Patients

	Gen. Acute	Matern-ity	Child-ren	Geri-atric	Psych. Asst.	Iso-lation	TOTAL
a. Present (31 12 69)							
Farnham	116	32	18	17	-	-	183
Trimmers	31	-	-	-	-	-	31
Green Lane	-	-	-	40	-	24	64
Aldershot	42	24	-	-	-	-	66
Northfield	14	-	-	16	-	24	54
Farnborough	20	18	-	-	-	-	38
Frimley and Camberley	31	15	-	-	-	-	46
Yateley	15	-	-	-	-	-	15
Fleet	33	-	-	-	-	-	33
Totals	302	89	18	73	-	48	530
b. Proposed							
DGH	308	86/	24	50	53	20	541*
Farnham	20	-	-	170	-	-	190
Fleet	-	-	-	30	-	-	30
	328	86/	24	250	53	20	761*

/ Plus 20 cots in Special Care Baby Unit

* In addition there will be 20 beds in the Day and Emergency Unit, and 4 day-beds in the Children's Unit.

2. Outpatient Clinics

a. No of Clinic Sessions held during 1969

Farnham	1,031	
Trimmers	-	
Green Lane	-	
Aldershot	1,199	
Northfield	372	(Chest only)
Farnborough	137	
Frimley and Camberley	175	
Yateley	209	
Fleet	229	
Camberley Ortho. Clinic	39	
Totals	3,391	

b. Notional No of Clinic Sessions for new DGH

Farnham	(say)	1,031
New Frimley DGH		4,950
		5,981

3. X-Ray Department

a. Existing units at the various hospitals - Total 7 mainly small, with some outdated equipment.

b. Proposed	New DGH	6	with modern equipment and facilities and a 24 hour service for accidents and emergencies
	Farnham	1	
		7	

4. Operating Theatres

a. Present	Farnham Hospital	1	(plus a further 1 being installed)
	Aldershot	1	inadequate
	Yateley	1	
	Fleet	1	inadequate
	Frimley	1	inadequate
		5	
b. Proposed	New DGH	6	Modern, well equipped theatres
	Farnham	2	Upgraded
		8	

5. Maternity - Delivery Rooms

a. Present

Farnham	1 room (shared by 2 cases)
Aldershot	1 room (very small)
Frimley	1 room
Farnborough	1 room
	4

b. Proposed — New DGH — 12 rooms

BURY ST EDMUNDS HOSPITAL CATCHMENT AREA (W.SUFFOLK)

LOCAL AUTHORITY HEALTH AND SOCIAL SERVICES

1. CAPITAL PROJECTS COMPLETED OR EXPECTED BETWEEN 1969 AND 1972

	No of projects	No of places
Health Centres	-	Not applicable
Maternity & Child Health Clinics	3	" "
Training Centres for mentally handicapped		
Adult	2	80
Hostels		
Mentally handicapped adults	1	20
" " children	1	15
Mentally ill	1	25
Old People's Homes	5	237

2. PLACES AVAILABLE IN ESTABLISHMENTS

Type of Provision	31 December 1969	31 December 1972 (Estimated)
Adult Training Centres	45	125
Hostels		
Mentally handicapped adults	-	20
Mentally handicapped children	-	15
Mentally ill	-	25
Old People's Homes	133	370

3. AMBULANCE SERVICE

Within the hospital catchment area there are stations at Bury St Edmunds Thetford and Sudbury. New stations at Mildenhall (1971/72) and Hadleigh (1972/73) will take patients to and from the catchment area thus relieving the stations in that area.

GENERAL PRACTITIONER SERVICES

The average number of patients per principal in West Suffolk at 1 October 1969 was 2,387, compared with the national average (England and Wales) of 2,479 and the average for rural practices only of 2,275. The numbers of partnerships and group practices are increasing, as also are the schemes for attachment of local authority nursing teams to such practices.

FRIMLEY HOSPITAL CATCHMENT AREA
(COMBINING NORTH WEST SURREY AND NORTH EAST HAMPSHIRE)

LOCAL AUTHORITY HEALTH AND SOCIAL SERVICES

1. CAPITAL PROJECTS COMPLETED OR EXPECTED BETWEEN 1969 AND 1972

	No of projects	No of places
Health Centres	3	Not applicable
Maternity and Child Health Clinics	-	" "
Training Centres for mentally handicapped		
Adult	1	92
Hostels		
Mentally handicapped adults	1	26
" " children	-	-
Mentally ill	-	-
Old People's Homes	3	148

2. PLACES AVAILABLE IN ESTABLISHMENTS

Type of provision	31 December 1969	31 December 1972 (Estimated)
Adult Training Centres	105	197
Hostels		
Mentally handicapped Adults	-	26
" " Children	-	-
" ill	-	-
Old People's Homes	302	354

3. AMBULANCE SERVICE

In the hospital catchment area there are stations at Farnborough and Aldershot in Hampshire, and Farnham and Camberley in Surrey. No additional stations are planned but the two existing stations at Farnborough and Hartley Wintney are currently being replaced by a single station at Farnborough giving accommodation for one additional ambulance; the station at Camberley is to be replaced in 1973-74 by a larger station in the same town.

GENERAL PRACTITIONER SERVICES

The average number of patients per principal in Surrey (including South West London) and Hampshire at 1 October 1969 was 2,396, compared with the national average of 2,479. The numbers of partnerships and group practices are increasing, as also are the schemes for attachment of local authority nursing teams to such practices.

APPENDIX II A

PRIMARY HOSPITAL CATCHMENT AREA
(COMPRISING WORKS, NAVY DOCKS AND WHITE ALBY HOSPITALS)

LOCAL AUTHORITY HEALTH AND SOCIAL SERVICES

1. CAPITAL PROJECTS COMPLETED OR EXPECTED BETWEEN 1969 AND 1974

	No. of places	No. of clients
Health Centres	5	Not available
Maternity and Child Health Clinics		
Residential Centres for mentally handicapped adults		
Hostels		
Mentally handicapped adults	1	24
" " children	-	-
" " all	-	-
Old People's Homes	3	144

2. PLACES AVAILABLE IN ESTABLISHMENTS

Type of provision	31 December 1969	31 December 1974
Adult Training Centres	165	197
Hostels		
Mentally handicapped adults	-	24
" " children	-	-
" all	-	-
Old People's Homes	345	344

3. AMBULANCE SERVICE

In the Hospital catchment area there are stations at Pembourough and Ashtwood in Hampshire, and Farnham and Dunbury in Surrey. No mobile units are stationed but the two existing stations at Pembourough and Ashtwood Midway are now only being replaced by a single station at Pembourough serving approximately the same catchment area; the station at Ashtwood is to be replaced in 1973-74 by a larger station in the same town.

GENERAL PRACTITIONER SERVICES

The average number of patients per practice in Surrey (including South East London) and Hampshire at 1 October 1969 was 2,320, compared with the national average of 2,179. The numbers of partnerships and group practices are increasing, as also are the schemes for attachment of local authority nursing staff to group practices.